

**CAP LIAISON OFFICER FLYING INVOICE
VENDOR CERTIFICATION / RECEIVING REPORT**

INVOICE					
DATE	FROM	AGREEMENT #		CALL #	
Airplane make, type, tail number	Other expenses	Rate/Hour Cost/Item	Flight Time (tach time)	Flight Instruction (tach time)	Amount
Total Cost					
REMARKS					
VENDER CERTIFICATION					
Payee Name & Address			Co./Wing Representative Signature:		
RECEIVING REPORT					
"I certify that I have received the above services and that payment is valid." Typed or Printed Name & Date:			Signature:		